

Course Change/Cancellation

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety / Michigan Fire Fighters Training Council
P.O. Box 30700, Lansing, MI 48909
517-373-7981

Page _____ of _____

- ☐ Cancel Course
☐ Course Changes
☐ Date Changes
☐ Video Request Change

Authority: 1966 PA 291

TRACKING NUMBER

Location of Course

NAME OF FACILITY	COUNTY	CITY
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Administrative Information

COURSE MANAGER NAME	FIRE DEPARTMENT NAME	DAYTIME TELEPHONE NUMBER
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Course to be Changed or Canceled

COURSE NUMBER	COURSE NAME	
<input type="checkbox"/> Check to cancel	<i>If a course is canceled, please return all student manuals furnished by the MFFTC.</i>	
<input type="checkbox"/> Check to change date(s)	NEW START DATE	NEW END DATE
Note: Prior to canceling or rescheduling a Fire Fighter I or II exam or a Fire Officer I or II exam please notify the training coordinator		
<input type="checkbox"/> Check to change Course Manager	NAME OF NEW COURSE MANAGER	FIRE DEPARTMENT NAME
<input type="checkbox"/> Check to change Lead Instructor	NAME OF NEW LEAD INSTRUCTOR	FIRE DEPARTMENT NAME
If you are NOT canceling a course, changing the new start and/or new end date(s) , or changing the new lead instructor , list the item(s) to be changed:		
Reschedule Videos? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rescheduling of videos will require a BCCFS-104 Video Schedule be attached to this form with the new dates for the requested videos	

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<input type="checkbox"/> Check to cancel	<i>If a course is canceled, please return all student manuals furnished by the MFFTC.</i>	
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Note: Prior to canceling or rescheduling a Fire Fighter I or II exam or a Fire Officer I or II exam please notify the training coordinator		
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Reschedule Videos? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rescheduling of videos will require a BCCFS-104 Video Schedule be attached to this form with the new dates for the requested videos	

Approval

COURSE MANAGER SIGNATURE	DATE
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The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

BCCFS-111 (11/04) (Formerly FMD-111) Front

Distribution: Original: Region Supervisor
Copy: Course Manager
Training Coordinator

INSTRUCTIONS

Electronic Completion

This form may be completed electronically and printed. In order to save your completed form, you must have the full version of Adobe Acrobat.

Tracking Number: Enter the Tracking Number from the BCCFS-110 (formerly FMD-110) Course Approval form that contains the Course Number(s) you want to change or cancel.

Location of Course: Must be completed.

Administrative Information: Must be completed.

Courses to be changed or canceled: Complete as appropriate.

Approvals: The Course Manager must sign and date the completed form.

MAIL white and yellow copies of this completed form to your Regional Supervisor

Region 1

Region Supervisor
MI Fire Fighters Training Council
1504 W. Washington St., Suite B
Marquette, MI 49855

Telephone: 909-226-4170
Fax : 906-228-2453
email: llschwa@michigan.gov

Region 2

Region Supervisor
MI Fire Fighters Training Council
2922 Fuller Ave. NE, Ste. 114
Grand Rapids, MI 49505

Telephone: 616-447-2689
Fax: 616-447-2668
email: gdcrum@michigan.gov

Region 3

Region Supervisor
MI Fire Fighters Training Council
411 East Genesee 4th floor
Saginaw, MI 48607

Telephone: 989-758-1912
Fax: 989-758-1616
email: dbbeelee@michigan.gov